

RESOLUTION NO. _____

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MILPITAS SUPPORTING A STREET CLOSURE ON TECHNOLOGY DRIVE, MCCARTHY BOULEVARD, AND TASMAN DRIVE FOR THE AMERICAN HEART AND STROKE EVENT ON OCTOBER 17, 2015 FROM 8:00 A.M. TO 2:00 P.M.

WHEREAS, the City Council of the City of Milpitas desires to support community events and promote cardiovascular disease awareness in the City of Milpitas (“City”); and

WHEREAS, the American Heart and Stroke Association and KLA Tencor located at 1 Technology Drive in Milpitas are requesting to hold a 5K Walk and Festival to raise funds in support of the research, education and advocacy efforts of the American Heart Association; and

WHEREAS, the 5K Walk and Festival are proposed on Saturday, October 17, 2015 between the hours of 8:30 a.m. to 12:30 p.m. The proposed route for the 5K walk will take place along Technology Drive, Tasman Drive, McCarthy Boulevard and both the east and west sides of the Coyote Creek Trail. A Miracle Mile walk is also proposed along the public sidewalks on Technology Drive, S. McCarthy Blvd., SanDisk Drive, and Murphy Ranch Road. The Festival, including activities, food tents, vendors and sponsor booths, will be held in the KLA Tencor parking lot located at 1 Technology Drive ; and

WHEREAS, the proposed walks and festival will require a temporary road closure on Tasman Drive along the Coyote Creek frontage, S. McCarthy Blvd between SR-237 Off-ramp and Technology Drive, and Technology Drive between McCarthy Blvd. and Murphy Ranch Road between the hours of 8:00 a.m. to 2:00 p.m., which include the set up and tear down time for traffic control devices. The City has reviewed the Traffic Control Plan for the proposed street closures and the detouring plan associated with the street closures with certain conditions placed on the street closure permit(s); and

WHEREAS, the temporary closure will cause the re-routing of traffic onto and over the following City streets: Murphy Ranch Road, SanDisk Drive, and S. McCarthy Boulevard on Saturday, October 17, 2015, between the hours of 8:00 a. m. to 2:00 p. m.

NOW, THEREFORE, the City Council of the City of Milpitas hereby finds, determines, and resolves as follows:

1. The City Council has considered the full record before it, which may include but is not limited to such things as the staff report, testimony by staff and the public, and other materials and evidence submitted or provided to it. Furthermore, the recitals set forth above are found to be true and correct and are incorporated herein by reference.
2. Subject to all required approvals and conditions by the City of Milpitas, the 5K walk route designated below may be closed to all vehicle traffic, including bicycles on Saturday, October 17, 2015 from 8:00 a. m. to 2:00 p. m.:

5K Route

- Technology Drive between Murphy Ranch Road and S. McCarthy Boulevard
- S. McCarthy Boulevard between Technology Drive and State Route 237 Off-ramp
- Tasman Drive between the east and west side of the Coyote Creek Trail.

3. The City of Milpitas approves and consents to the proposed American Heart and Stroke 5K Walk and Festival and recommends approval of and consents to the proposed re-routing of traffic onto and over the City streets described above upon terms and condition deemed appropriate and necessary by the State of California, Department of Transportation.
4. The American Heart and Stroke Association shall implement, at its sole cost and expense, all traffic control devices and provide traffic control staffing as deemed necessary by City for temporary street closure and temporary re-routing of vehicular and bicycle traffic in conformance to the 2012 California Manual on Uniform Traffic Control Devices.

PASSED AND ADOPTED this _____ day of _____ 2015, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

APPROVED:

Mary Lavelle, City Clerk

Jose S. Esteves, Mayor

APPROVED AS TO FORM:

Gary M. Baum, Interim City Attorney

Project Number:

MS15 - 0038



SPECIAL EVENT / ACTIVITY INFORMATION PACKET

“Special events and activities” means any temporary event or activity sponsored by a business, shopping center or organization which is held outside the confines of a permanent building.

To apply for a Special Event and Activity, please read the enclosed instructions and then complete this Activity Information Packet. Submit a Planning and Zoning Application form, this Special Event/Activity Information Packet, including the required attachments, **no later than 45 days for a major event or 30 days for a minor event.**

For specific references to the Milpitas Municipal Code regarding Special Events and Activities see Section XI-10-13.11

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**CITY OF MILPITAS
PLANNING DIVISION**

Approvals:

Planning: _____ Date: _____

Fire: _____ Date: _____

Police: _____ Date: _____

Engineering: _____ Date: _____

Building: _____ Date: _____

INSTRUCTIONS

Introduction

A completed application may be filed as early as one year before an event, but must be received no later than 45 days (for a major event) or 30 days (for a minor event) before the actual event.

“Special events and activities” means any temporary event or activity sponsored by a business, shopping center or organization which is held outside the confines of a permanent building.

- A minor event is one that all of the activities, including parking associated with the event are confined to private property.
- A major event is one that in addition to the activities on a private property, has off-site parking, and/or partially or wholly takes place on the public right-of-way, except for activities customarily confined to sidewalks, such as walking or jogging/running.

It is our goal to help the event organizers in planning a safe and successful event that would create minimal impacts on the surrounding neighborhoods.

Procedure: *For first-time events please contact the Planning Division (408) 586-3279 to set up an appointment to review the application process for your event.*

The application process begins when you submit a completed application. The acceptance of this application should in no way be construed as approval of your request. Copies of the application will be sent to affected departments for their review. During the review, you will be notified if any additional information is required to process the application. You will be invited to meet with city staff at a pre-determined meeting called the Development Review Committee (DRC) to discuss the event prior to any approvals. Delays in providing information to city staff often delay the ability of the DRC to finish review and approve the application in a timely manner.

- Events that occur between one and three days can be reviewed by staff.
- Events that occur more than three days require review by the Planning Commission Subcommittee.
- Any event that has amplified music or live entertainment regardless of duration requires review by the Planning Commission Subcommittee.

QUESTION TO GET STARTED

- **Will the event be held exclusively on private property? If so, you will need to have the property owner sign the application for use of the site.**

This event will not require off site parking, or the use of public right-of-way (except running/jogging events).

☐ Yes ☒ No

If you answered yes to the question above, your event is considered a “Minor” event. All other events are considered “Major”.

SECTION 1: CONTACT INFORMATION AND AUTHORIZATION

Please complete all of the following:

Event Title: 2015 Heart & Stroke WalkEvent Location (address): 1 Technology Dr., Milpitas, CAApplicant name: Kerri KummerOrganization: American Heart AssociationE-mail: Kerri.Kummer@heart.org Phone: (408) 600-5947Mailing Address: 1 Almaden Blvd., Suite 500San Jose 95113

City ZIP

Day of event contact (if different from applicant completing and submitting the form): _____ Phone: (925) 989-9790

Except as to the sole negligence or willful misconduct of the city, the applicant/permittee shall defend indemnify and hold the city, and its officers, employees and agents harmless from any loss, damage, claim for damage, liability, expense, or cost, including attorneys' fees, which arise out of or is in any way connected with the special event or activity authorized herein. By signing this application, the applicant acknowledges that they may be billed for any unanticipated costs for city services arising from the event as a result of changes to the event or inaccurate application information.

Kerri Kummer Kerri Kummer 2/3/15

Printed Name & Signature Date

Vince Staub [Signature] 2/10/15

Printed Name of Property owner or authorized agent for owner & signature Date

SECTION 2: EVENT INFORMATION

Please complete all of the following:

Setup/Preparation	Date: <u>10/16/15</u>	
Event starts	Date: <u>10/17/15</u>	Time: <u>8:30 AM</u>
Event ends	Date: <u>10/17/15</u>	Time: <u>12:30 PM</u>
Dismantle/Tear down	Date: <u>10/17/15</u>	

Anticipated attendance: Total: 4000 Per day: _____

Street closuresWill this event require any city streets to be closed? ☒ Yes ☐ No*If yes, specify which streets or cross streets and include a route site map.*

See attached route maps and traffic control plan.

Food

If your event will have food preparations please specify cooking method:

Gas ☐Electric ☐

Food will already be prepared and served in Chafing Dishes, or will be

Charcoal ☐Other (specify): housed in a food truck that will be hired and will handle the food prep themselves

A permit may be required from the Santa Clara County Department of Public Health at (408) 918-3400.

Portable restrooms

A minimum of one (1) accessible toilet for persons with disabilities is required when multiple toilets are set side by side. If each toilet is scattered throughout the site, then each toilet must be accessible. Exceptions may be considered by the Building Department.

Lighting and soundWill you be using any amplified sound (i.e. public address system)? ☒ Yes ☐ NoWill this event use any temporary lighting? ☒ Yes ☐ No*If yes, please describe:*

KLA-Tencor rents temporary lighting for extra security purposes for the night of 10/16/15.

EVENT NARRATIVE

Project Description

Briefly provide a description of your event, including activities, timeline and sequence of events:

See attached narrative

Parking

Describe where event participants are expected to park their vehicles:

See attached narrative

Security Plan

Describe your security plan, including crowd control:

Include the security company name, contact information and the amount of security personnel.

See attached narrative

Americans with Disabilities (ADA) compliance

Describe how your event will be accessible to people with disabilities (*such as parking, restrooms and accessible path of travel to all event functions*):

See attached narrative

Recyclables and garbage handling

Describe your plan for cleanup and removal of recyclable goods and garbage during and after your event:

See attached narrative

SECTION 3: SITE MAP CHECKLIST: City staff is available to help you through this process.

Provide a site plan/route map for your event on a separate sheet. **Provide six copies of this site plan/map (11" x 17" min size).** The map should include the following information:

- ☒ An outline of the event site, including the names of the streets or areas that are a part of the venue and surrounding area. If the event includes a moving route of any kind (such as a parade), indicate the direction of travel, including the starting location and ending destination. Include north arrow. See attachments D, E, & F
- ☒ Any street or lane closures. See attachment C
- ☒ The locations of fencing, barriers or barricades. Include any removable fencing for emergency access. (include height of barriers) See Attachments A & C
- ☒ The location of first-aid facilities See attachments D & E
- ☒ The location of all stages, platforms, booths, cooking areas, trash containers, tents/canopies, etc. (Include dimensions, such as height and length) See attachments A & D
- ☒ The location of any food booths and cooking area configuration including all vendors cooking with flammable gases or barbeque grills. (Include dimensions, such as height and length) See attachment D
- ☒ Generator locations and/or source of electricity See attachment D
- ☒ Placement of vehicles or trailers used for the event (include dimensions) 2000 Jeep Wrangler, See attachment E
- ☒ Anticipated parking locations and number of parking. Show that parking is available for persons with disabilities. These parking spaces shall be dispersed and located closest to the accessible entrances *to the event*. One in every eight accessible parking spaces, but not less than one accessible parking space shall be Van accessible. See attachment A & Event Description
- ☐ Placement of promotional signs or banners N/A
- ☒ Placement of portable toilets/rest room facilities (label accessible or non-accessible for people with disabilities) See attachment D
- ☐ Exit locations for outdoor events that have fences N/A
- ☒ Location of all other event activities
- ☐ Location of temporary lighting See attachment D
- ☐ Location of temporary speakers Provided by KLA-Tencor
- ☒ Location of temporary speakers See attachment D

- ☒ Fire truck access to existing building/structures shall remain clear and unobstructed (20 feet min).
See attachment D
- ☒ Fire truck access shall be maintained to the proposed event.
See attachment A
- ☒ Show that Fire equipment and appliances (hydrants, fire department connection valve, etc) shall remain clear and unobstructed (25 feet min.).
See event narrative
- ☒ Show and identify the proposed method of separation between event area and vehicle traffic (20 feet min.).
See attachment A
- ☒ Show that the location of tables, booths and other equipment are not obstructing parking for persons with disabilities and indicate an accessible path of travel from these parking stalls to main entrance to the building and facilities.
See attachment A
- ☐ If any amusement structures are proposed, show how the structure can accommodate those with disabilities.
N/A
- ☒ For major events, provide a traffic handling plan (see sample).
See attachment C
- ☒ Show solid waste collection area.
See attachment A

SECTION 4: INSURANCE INFORMATION

A public liability and property damage insurance policy issued by an insurance company authorized to do business in California, naming the City of Milpitas, its officers, agents and employees as co-insured may be required. Depending on the scope of the event, a minimum of \$1 million or more may be required.

2015 Silicon Valley Heart & Stroke Walk PARKING MAP

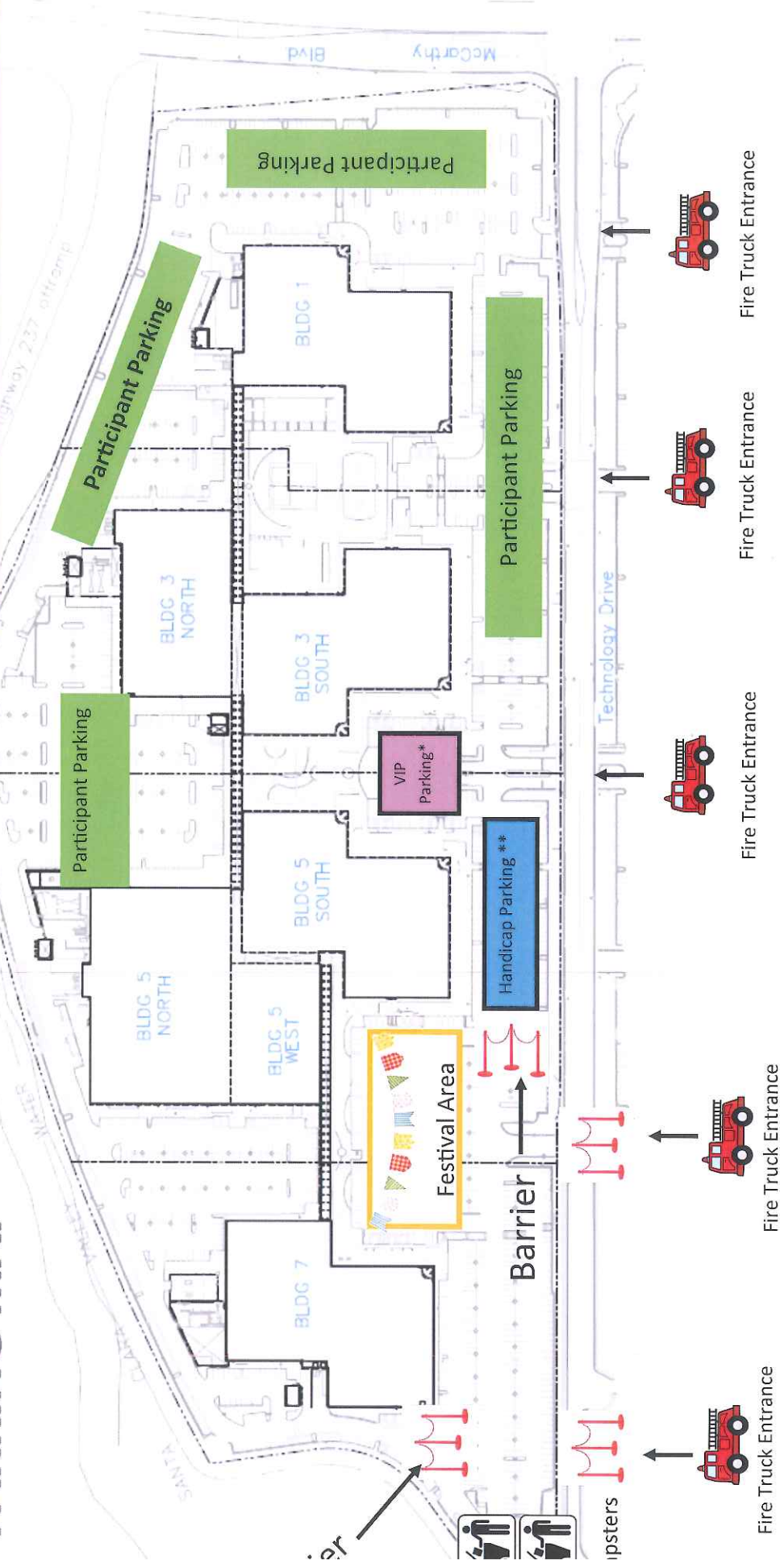
* VIP Parking Pass required

** Handicap Parking Decal required

Parking at KLA-Tencor will be open from 8:00 am to 9:30 am. Access to KLA-Tencor parking will close from 9:30 am to 10:30 am while Technology Drive is closed for the walk. **No cars will be allowed in or out during this time so please plan accordingly.**

Alternative parking will be provided at SanDisk Corporation which can be accessed from McCarthy Blvd.

Parking at KLA-Tencor will reopen again at 10:30 am.



2015 Silicon Valley Heart & Stroke Walk ALTERNATE PARKING MAP

Alternate parking will be provided
 at Sandisk Corporation which is
 located across Technology Drive
 from KLA-Tencor.

Alternate parking can be
 accessed from McCarthy Blvd.

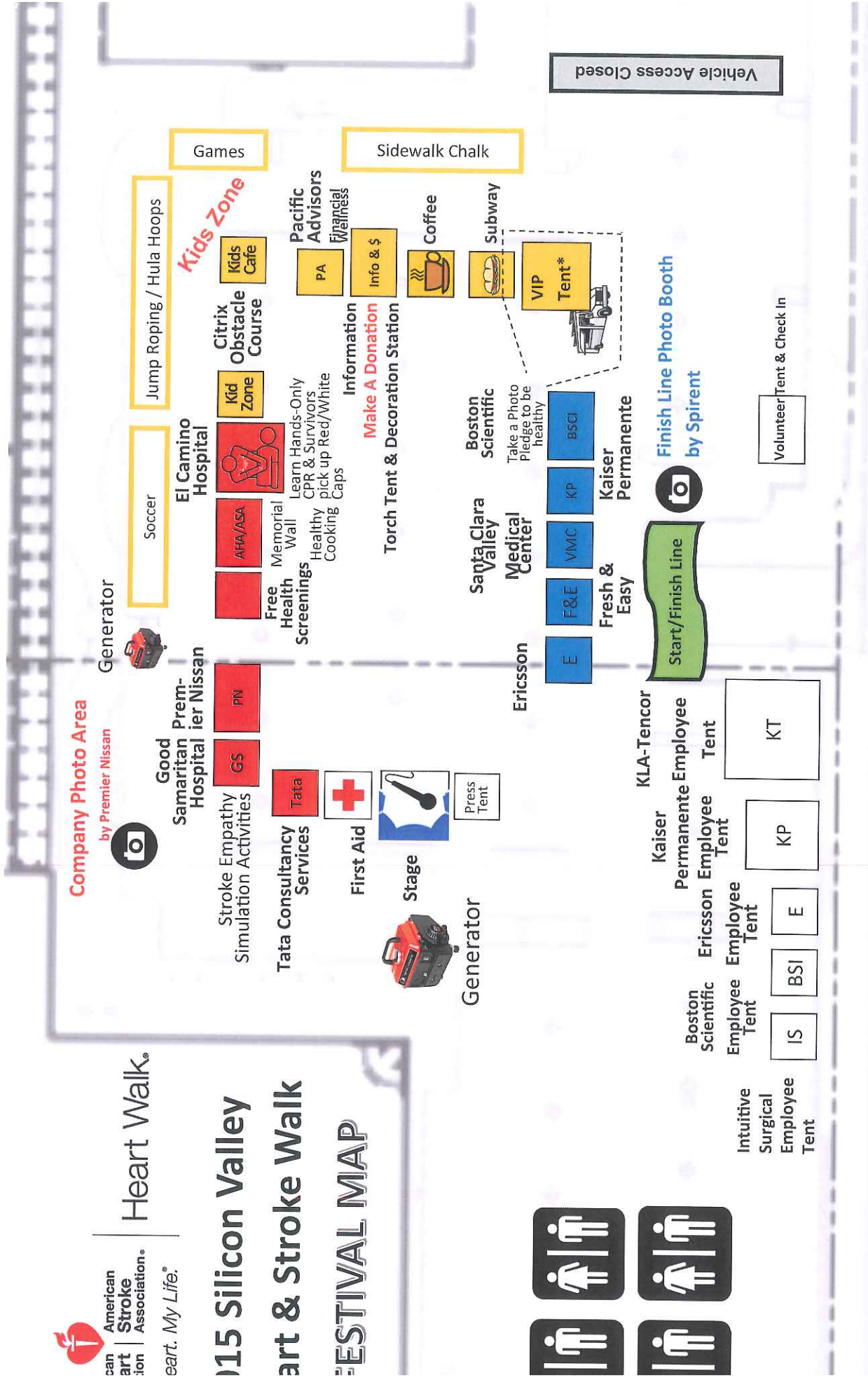
* VIP Parking Pass required
 Indicating Parking Decal required



15 Silicon Valley

art & Stroke Walk

ESTIVAL MAP



Wristband required

Technology Drive

Attachment A

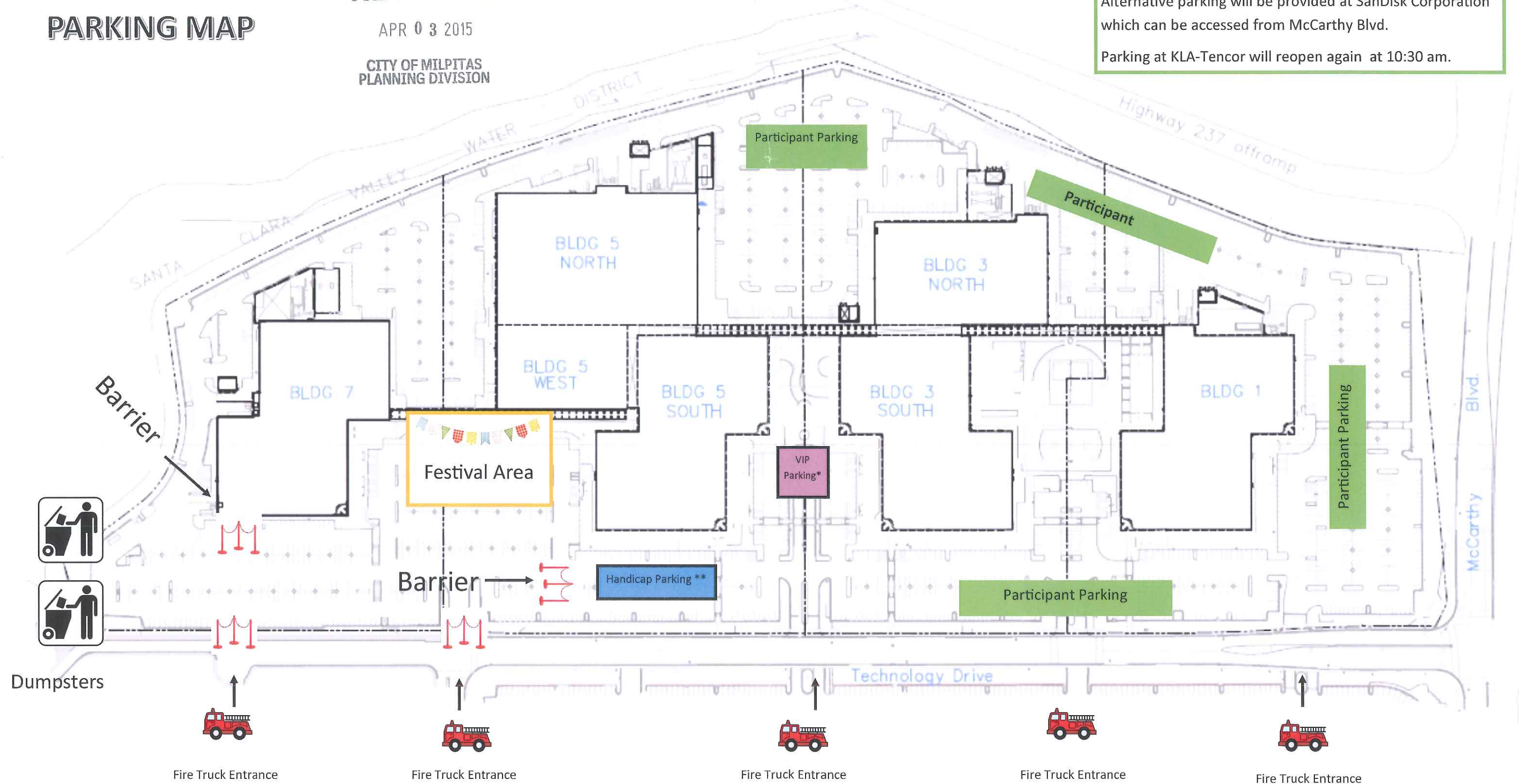
2015 Silicon Valley
Heart & Stroke Walk
PARKING MAP

* VIP Parking Pass required** Handicap
Parking Decal required

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CITY OF MILPITAS
PLANNING DIVISION



Parking at KLA-Tencor will be open from 8:00 am to 9:30 am. Access to KLA-Tencor parking will close from 9:30 am to 10:30 am while Technology Drive is closed for the walk. **No cars will be allowed in or out during this time so please plan accordingly.**

Alternative parking will be provided at SanDisk Corporation which can be accessed from McCarthy Blvd.

Parking at KLA-Tencor will reopen again at 10:30 am.

Attachment B

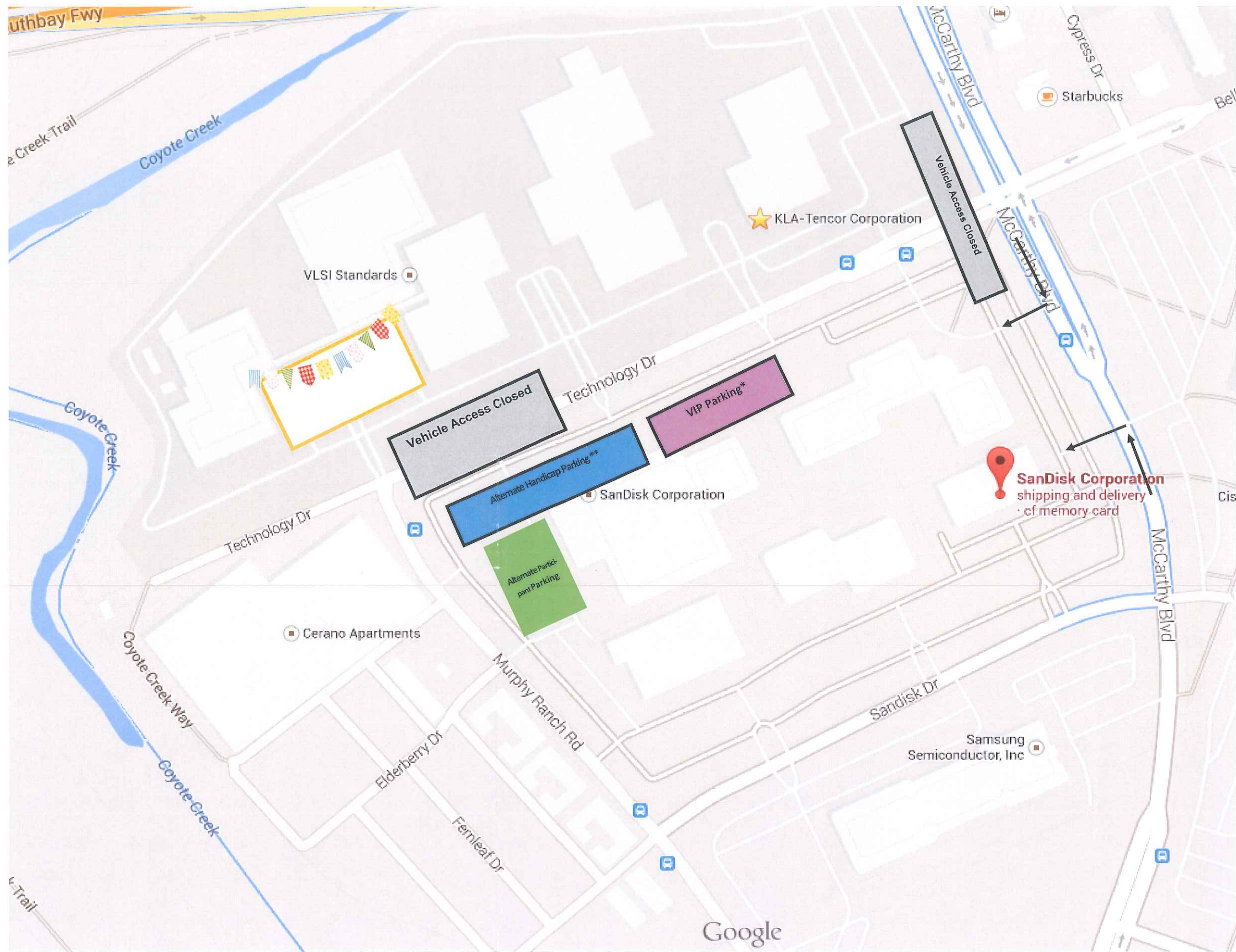


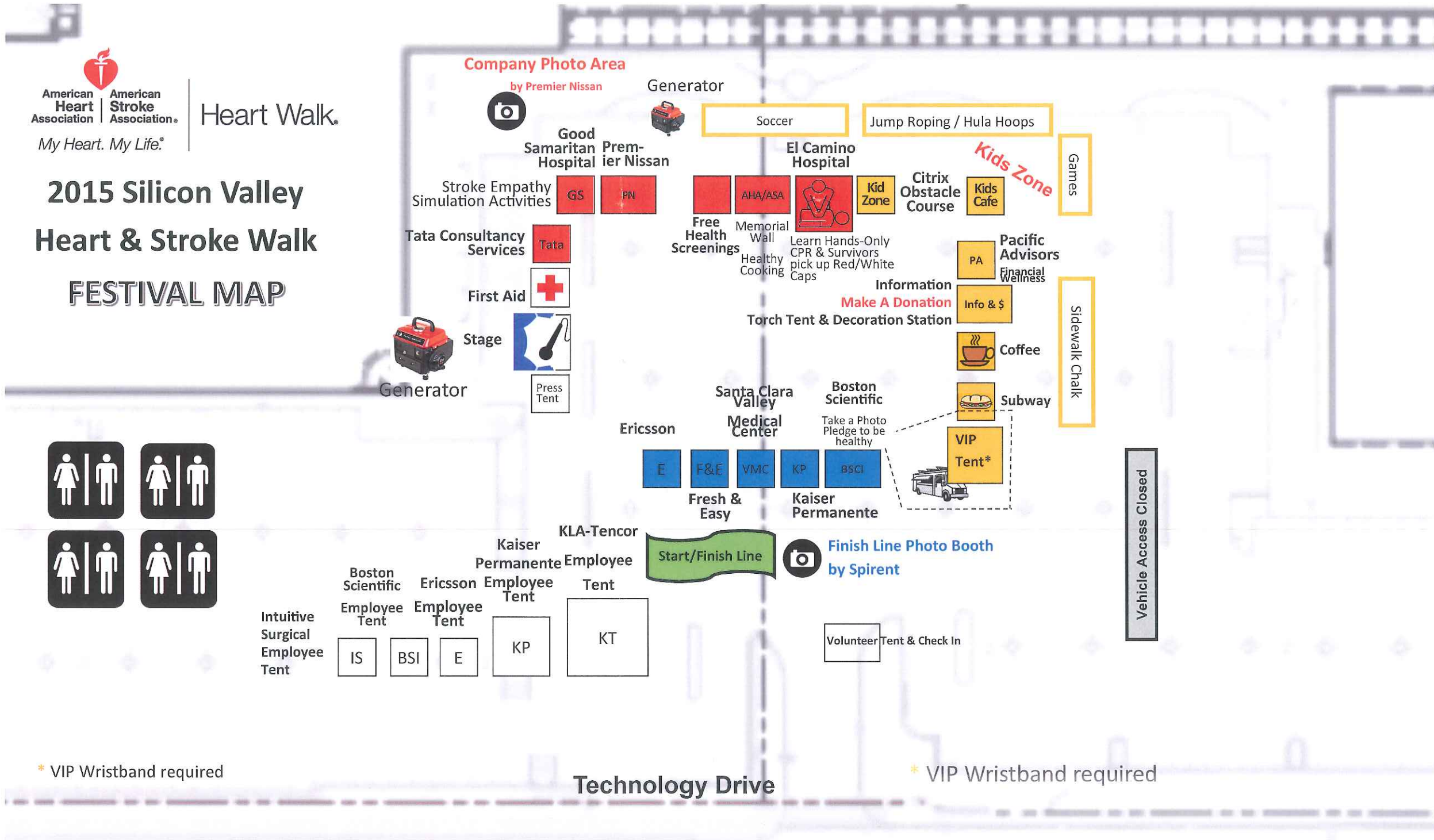
2015 Silicon Valley
Heart & Stroke Walk
ALTERNATE PARKING
MAP

Alternate parking will be provided at SanDisk Corporation which is located across Technology Drive from KLA-Tencor.

This alternate parking can be accessed from McCarthy Blvd.

* VIP Parking Pass required
** Handicap Parking Decal required



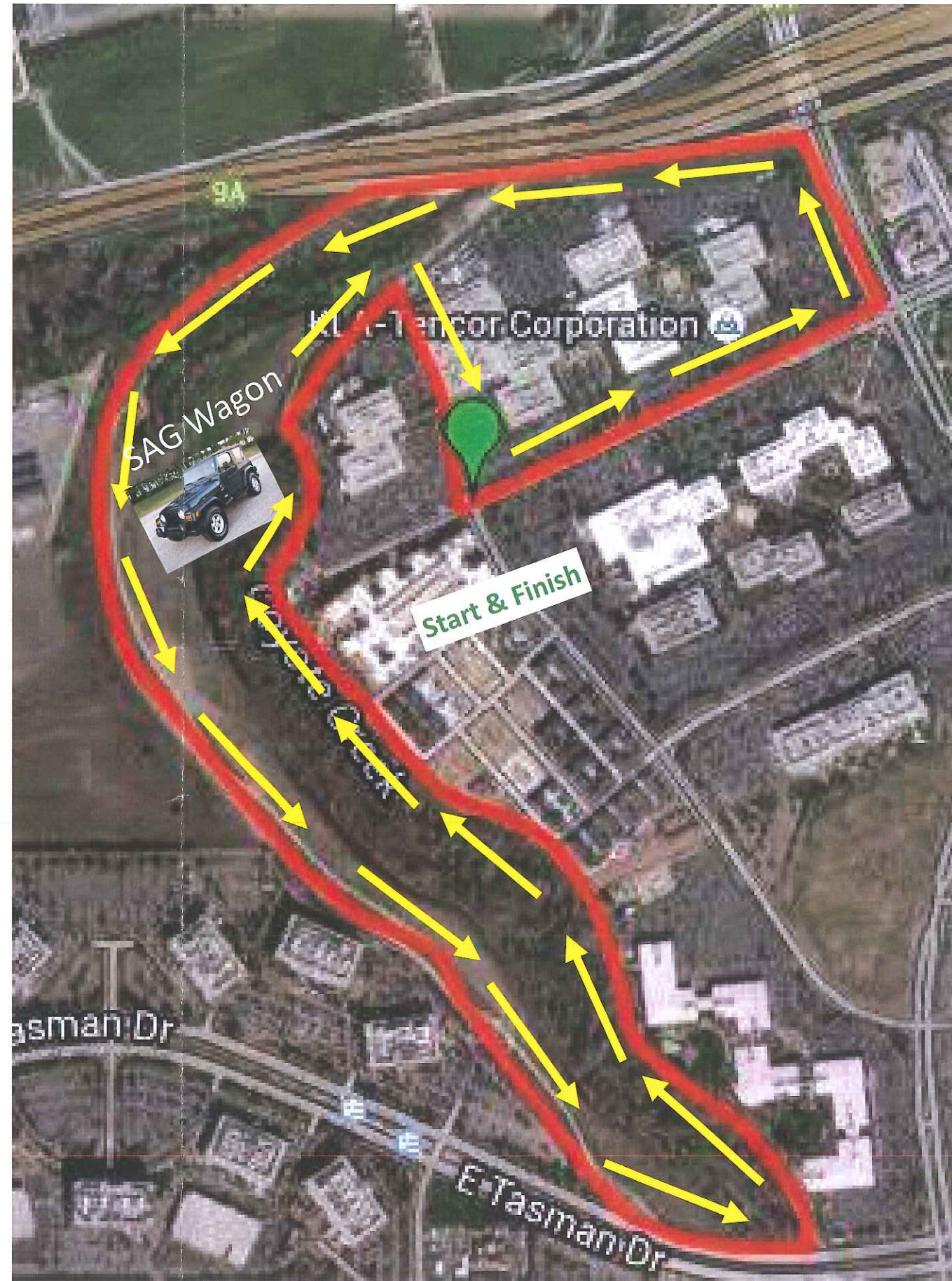




Heart Walk.

2015 Silicon Valley Heart & Stroke Walk 5k ROUTE MAP

The 2015 Silicon Valley Heart & Stroke Walk will begin at KLA-Tencor in the festivities area. An estimated 4,500 walkers will turn left onto Technology Drive to begin the route. Walkers will take another left at McCarthy Boulevard and walk along the sidewalk, and turn left again on Tasman until meeting up with the Coyote Creek Trail. Walkers will be able to enjoy the Coyote Creek which will take them back into the festival. The walk is 2.94 miles.



Attachment F



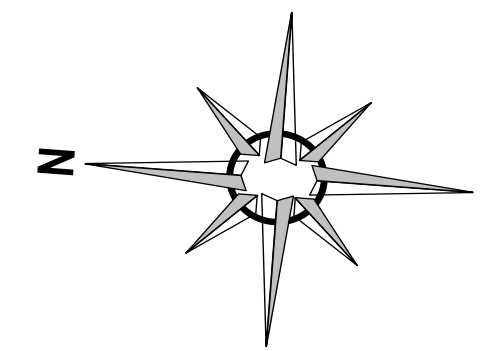
2015 Silicon Valley
Heart & Stroke Walk
Survivor Route

SURVIVOR ROUTE MAP

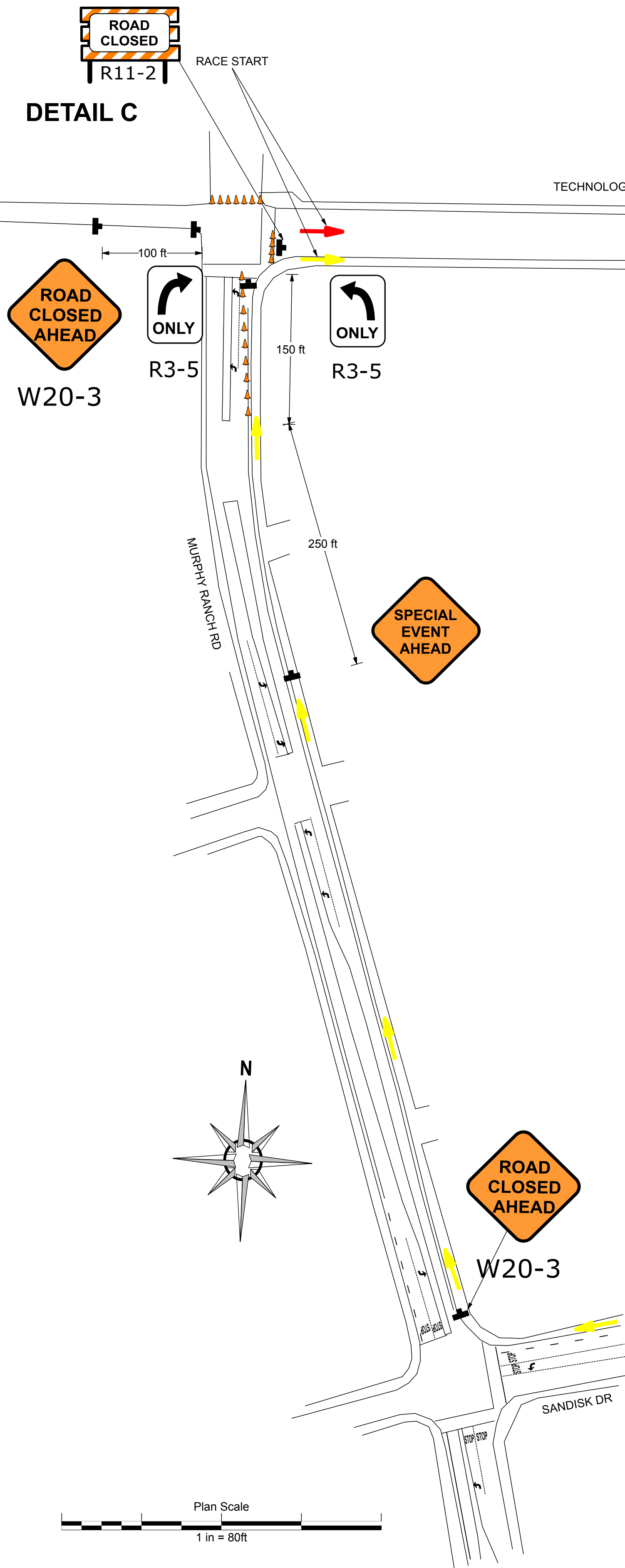
The survivor route will have the same Start and Finish as the 5k route beginning in the festival area. An estimated 100 walkers will take part in the Survivor Route. Walkers will stay on the sidewalk for the duration of the walk. Participants will turn left onto Technology Drive and continue until they reach McCarthy Boulevard. The route continues on McCarthy Boulevard until SanDisk Drive, where walkers will turn right. They will continue to Murphy Ranch Road, which they will take until returning to Technology Drive, which will lead them to the finish line.







TRAFFIC CONTROL PLAN
SILICON VALLEY HEART AND STROKE WALK - MILPITAS, CA
SHEET 1 OF 2



RACE OVERVIEW MAP



LEGEND

	Flashing Arrow Board		Water Filled Barrier
	Flashing Arrow Board (Plan View)		Not To Scale

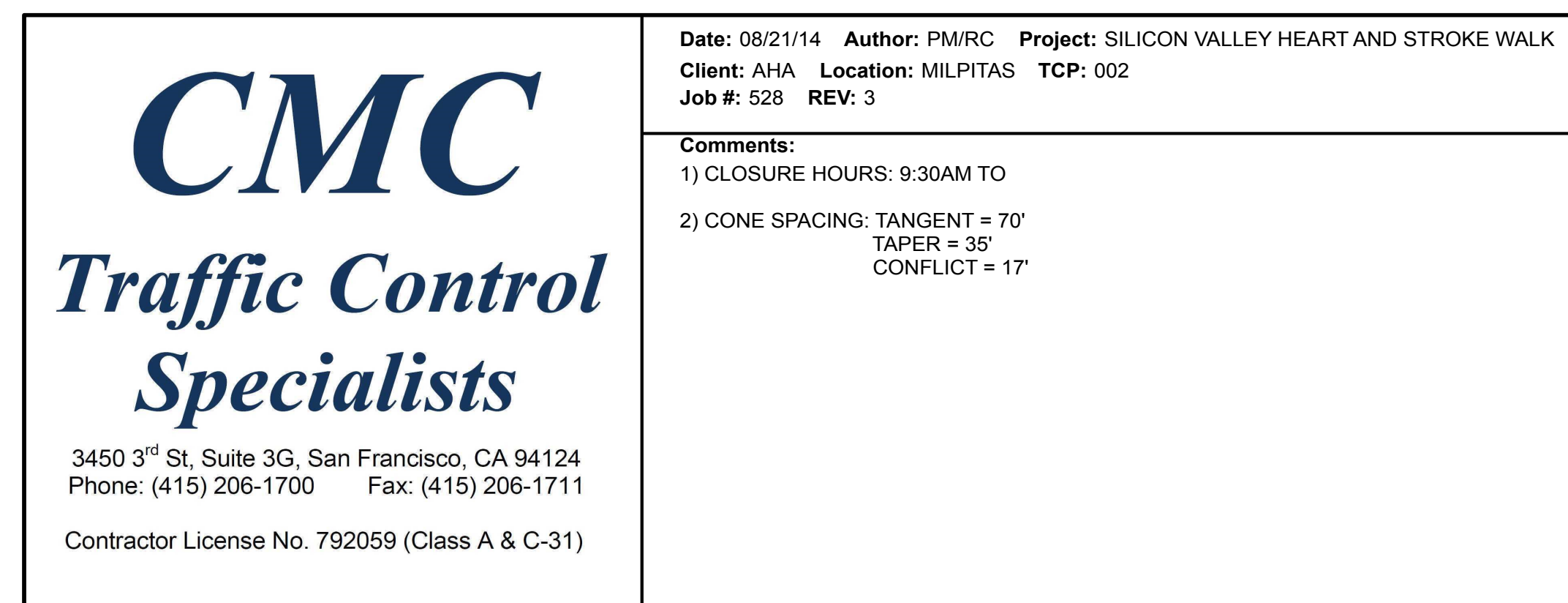
CMC
*Traffic Control
Specialists*

3450 3rd St, Suite 3G, San Francisco, CA 94124
Phone: (415) 206-1700 Fax: (415) 206-1711

Contractor License No. 792059 (Class A & C-31)

Date: 08/21/14 Author: PM/RC Project: SILICON VALLEY HEART AND STROKE WALK
Client: AHA Location: MILPITAS TCP: 001
Job #: 528 REV: 2

Comments:
1) CLOSURE HOURS: 9:30AM TO



TRAFFIC CONTROL PLAN
SILICON VALLEY HEART AND STROKE WALK - MILPITAS, CA
EGRESS PLAN
SHEET 3 OF 3

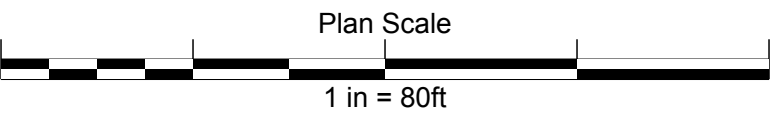
CMC





Traffic Control Specialists

3450 3rd St, Suite 3G, San Francisco, CA 94124
Phone: (415) 206-1700 Fax: (415) 206-1711
Contractor License No. 792059 (Class A & C-31)

Date: 05/01/15 Author: PM/RC Project: SILICON VALLEY HEART AND STROKE WALK
Client: AHA Location: MILPITAS TCP: 003
Job #: 528 REV: 1

Comments:
1) CONE SPACING: TANGENT = 70'
TAPER = 35'
CONFLICT = 17'



LEGEND			
	Flashing Arrow Board		Water Filled Barrier
	Flashing Arrow Board (Plan View)		Not To Scale



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
02/17/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 4400 Comerica Bank Tower 1717 Main Street Dallas, TX 75201-7357 010207-All-GAWXP-14-15	<table border="1"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Zurich American Insurance Company</td> <td>NAIC # 16535</td> </tr> <tr> <td>INSURER B: American Guarantee & Liability Ins Co</td> <td>26247</td> </tr> <tr> <td>INSURER C: Liberty Mutual Insurance Company</td> <td>23043</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Zurich American Insurance Company	NAIC # 16535	INSURER B: American Guarantee & Liability Ins Co	26247	INSURER C: Liberty Mutual Insurance Company	23043	INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME:																					
PHONE (A/C, No, Ext):	FAX (A/C, No):																				
E-MAIL ADDRESS:																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A: Zurich American Insurance Company	NAIC # 16535																				
INSURER B: American Guarantee & Liability Ins Co	26247																				
INSURER C: Liberty Mutual Insurance Company	23043																				
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED American Heart Association One Almaden Blvd., Suite 500 San Jose, CA 95113																					

COVERAGES
CERTIFICATE NUMBER:

HOU-002365157-01

REVISION NUMBER: 6

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GLO 8376157-19	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP-8376159-19	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			AUC 9300308-13	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 8376109-19	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
C	Property			YU2-L9L-531940-014	07/01/2014	07/01/2015	Per schedule on file with the company	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Type: Heart Walk Date: 10/17/2015 Location: Milpitas, CA Name of Event: 2015 Silicon Valley Heart & Stroke Walk

CERTIFICATE HOLDER
CANCELLATION

City of Milpitas 455 E. Calaveras Blvd. Milpitas, CA 95035	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED American Heart Association One Almaden Blvd., Suite 500 San Jose, CA 95113	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Other property deductibles may apply as per policy terms and conditions.